

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXV.

THURSDAY, OCTOBER 31, 1861.

No. 13.

A CASE OF POISONING BY STRAMONIUM.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The infrequency of poisoning by stramonium seed, in this city, renders the following case peculiarly interesting.

L. G., a boy of six years, was found standing at the back gate of his father's house, at about six o'clock on Saturday afternoon. He was known to have gone away from home immediately after dinner, and had not been seen by his family afterwards. He staggered into the house, drank a cup of tea in the kitchen, and was carried up stairs; having said, in reply to a question, "I don't care," but these were all the words spoken by him until after midnight. I saw him a few minutes before nine o'clock. He was sitting in a lady's lap, his right cheek against her breast. The whole surface was of a bright crimson; but the skin was not dry, and the redness disappeared on pressure, returning very rapidly. His teeth and lips were separated. The tongue was very dry, and its tip was curled up, but not touching the roof of his mouth. Both pupils were fully dilated, the iris being scarcely perceptible. The respiration strongly stertorous. The pulse was rapid and feeble. Both sounds of the heart were distinct. The abdomen was tympanitic.

The history, so far as could be made out, was, that he had eaten bread and butter, with tomato catsup, for breakfast; had been at school in the morning; had taken a dinner of bread and butter, with milk, and had gone away to play immediately after. With whom, or where he had been, could not be discovered. His usual companions had not seen him. He had vomited, just before I saw him, a parcel of seeds, supposed to be tomato seeds. On comparison, however, there was an evident difference. The tomato seed was about the same size, but balloon-shaped. These were, as described in the books, "small, kidney-shaped, flattened on the sides," and *white*, not of a dark brown, *as the ripe stramonium seeds are*. Convinced that they were stramonium, I gave him, by the mouth, about a scruple of ipecac, and as much more, in half a pint of warm water, as an enema. Soon after, my friend Dr. Gilchrist, of the U. S. Navy, saw him, and we remained with him until after the arrival of his family physician, Dr. Calvin Ellis.

VOL. LXV.—No. 13

When removing him to the bed, I noticed that his limbs, though flexed, were rigid. Soon after, by irritating him, he was made to move, but the power of motion was mostly confined to the right side. Within a couple of hours his left side recovered its power. He did not vomit for two hours after taking the emetic, and then vomiting was much aided by putting the spoon down his throat. The enema came away in part, while vomiting. Before this time, his skin was losing its redness, and he was inclined to get up, but would fall asleep in the act of rising. As in one stupefied with opium, his waking was with a start, as though dreaming. He picked the bed-clothes, as one in the low stage of fever, and if the hand were held before his eyes, he felt for it at varying distances. When pinched or tickled, after ten o'clock, he became very angry, and muttered incoherently, turning upon his face and kicking backward, with alternate movements of the feet. There was no strabismus throughout.

Dr. Ellis, with whom I left him at 11, P.M., reports that he gave him a grain of tartrate of antimony in four doses, in the course of the following hour. After each dose, he vomited, but nothing came up, except these white flat seeds. There was no bile at any time. Before midnight there was a voluntary dejection. He was then moving about, apparently conscious, but he could give no account of himself. About that time Dr. Ellis gave him four grains of calomel, which was at once thrown up. The doctor left soon after, directing senna and salts, in the morning. This dose operated twice in the morning.

On Sunday, at 1, P.M., I saw him again. He was about house, and came to the door. The pupils were still somewhat dilated, and he could not distinguish figures from letters. Otherwise, he seemed well, except that he could not remember the names of all the boys with whom he had been on Saturday afternoon. I called upon several of them, however, and found that they had been playing horse on the Back Bay lands. He had eaten what some of them called hollyhock, and others thistle seeds, for grain. The other boys, so far as I could discover, had eaten none, but one of them took from his pocket a drachm or more of stramonium seed, which he declared to be the same, and which he had offered to his sister, who declined them.

Later in the day, the patient went with his father to the spot, and showed him the nearly ripe stramonium, of which a stalk was picked and brought to my office.

He must have vomited some two hundred and fifty or three hundred seeds. I think more than the latter number.

I was not previously aware that there was stramonium growing in this city, but I saw an abundance of it on vacant lots in the city of Philadelphia, some two years ago.

There are sufficient and good accounts of stramonium poisoning in Wood and Bache, and in Christison.

*Boston, October, 1861.*

C. E. BUCKINGHAM.

## CASE OF CYCLOPIC MALFORMATION.

Read before the Suffolk District Medical Society, September 28th, 1861, and communicated for the Boston Medical and Surgical Journal.]

BY ADINO B. HALL, M.D., BOSTON.

THE following singular case of congenital malformation came under my observation on the sixth of this month.

At six o'clock in the morning, I saw Mrs. M., in her sixth labor. At eight o'clock, the evening previous, her pains commenced, and continued during the night, with more or less intensity. About twenty minutes before seeing the patient, the membranes ruptured, and a very large quantity of liquor amnii escaped, after which the uterine contractions wholly ceased.

Upon examination, I found the left foot presenting; and after waiting some twenty or thirty minutes without any recurrence of the uterine pains, a drachm and a half of ergot, in decoction, was administered. The contractile powers of the uterus soon returned, expelling the lower extremities and body. At this stage, there was no pulsation of the cord. It was with some difficulty that the head was delivered, owing to its large size and the feeble contractions of the womb. The child, a female, was still, much to the gratification of all present, from its peculiar organization.

The following is a brief description of this anomalous birth. The whole contour of the head presented a striking appearance. The forehead was high and prominent, and slightly projecting. The head measured 14 inches in circumference,  $9\frac{1}{2}$  inches from the tip of the right ear to that of the left, and 10 inches from the superciliary ridges to the occipital protuberance; thus giving the transverse and antero-posterior diameters nearly the same as the vertical. The head was well covered with hair, and the cranial bones so fully developed that there were no open spaces, or fontanelles, of any account.

The nose was entirely wanting, there being no nasal bones or fibro-cartilages. From the mouth upward, the space was covered with normal skin and integument, with no rough, bony or cartilaginous points felt beneath. In the centre, between the orbital spaces, where the base of the nose should commence, was an elliptical opening, about the size and shape of the open eye of an adult. At the two angles of this optical space, the upper and lower lids had become well organized, for more than a third of an inch, along the elliptical lines, and were covered with the usual triple row of hairs. These were short and soft, giving an appearance quite normal, as *eyelashes*. The remaining portions of skin along these lines presented everted edges, evidently showing an attempt to form regular lids for the whole contour of the ellipsis.

At the base of this open space, adipose and muscular tissue were observed. Upon the right and left, were the usual orbital depressions. These were covered with smooth dermoid integu-

ment, but were not so deep as they would appear in a child whose globes had been extirpated, nor were the outlines of the socket so prominent. From each canthus of the central opening, were two short linear indentations, extending outwardly in a transverse direction, across the orbital spaces.

The superciliary ridges were not very much elevated, still they were well marked; neither were they covered with the usual normal growth of hair.

The absence of both eyes and their appendages gave a most unique appearance; and it seemed as if Nature had forgotten the formation of the orbits and their contents, and to have extended over the spaces the skin and its integuments. Three fourths of an inch above the cyclopic eye, just over the nasal tuberosity, was an outgrowth, an inch and a quarter in length, and five eighths of an inch in diameter, each way, at the base; while at the apex it was somewhat less, and had a flattened appearance. At the end of this appendage was a small indenture, about the size of a pea. At the base its structure was in part cartilaginous, while the remaining portion was of integument peculiar to the dermis and cellular tissue. The whole resembled somewhat the index finger, devoid of the nail and the second and third phalanx.

The child, in other respects, was well developed externally. It weighed six and three fourths pounds. No examination was made of the internal organs.

The movements of the fœtus *in utero* had been vigorous during the night, and up to the time I saw the patient. On making gentle traction on the presenting foot, motion was felt three or four times; and the mother, although assured to the contrary, believed the birth would be a living one.

I would say, in addition, as a historical point, that the mother is thirty-eight years old, and has always possessed good health. She has had five previous labors within the last eight years, giving birth to three living boys and two girls. One labor was instrumental. During the last six months, she has experienced much anxiety and depression of mind, from family connections, &c. She also states that, on the second of February, when about two months pregnant, she saw two boys in the street, exercising their pugilistic powers. One of the combatants had a bloody face, and some blood was observed on the sidewalk. She separated the parties, and accompanied one of them to his home, where she saw another boy, sick in bed, with a bandage around his head. Otherwise, there has been nothing remarkable during her period of gestation.



## A PRACTICAL ESSAY ON ANEURISM.

[Continued from page 218.]

## OTHER PARTICULARS IN THE NATURAL HISTORY OF ANEURISMS.

THERE are other points in the natural history of aneurism which it would be very interesting to examine, but upon which we have not as yet sufficient data to pronounce with certainty, and with that precision of detail which we would like to use in all statements of facts in medical subjects. These concern the comparative liability of the sexes, of the various periods of life, and of different occupations and nationalities, to aneurism, and also the comparative frequency with which different arteries are affected by the disease. There are no tables as yet that we can lay our hands upon of sufficient extent to illustrate these points properly. To construct them from the mass of periodical literature around us would be a task of great labor, requiring more time than we could devote to it, and still more, when done, they would be liable to the objection that only special and important cases are so recorded, whilst for a proper exemplification of the subject *all* should be introduced into our calculation. We will do, however, what we can.

It is generally conceded that aneurism is more frequent in males than in females, and this is generally attributed to the greater laboriousness and more violent exertions of the former sex.

Hunter said he had never met with but one case of true aneurism in a woman. Hodgson, in 63 cases of aneurism of the aorta, found 56 in men, and only 7 in women—8 to 1. Lisfranc, out of 154 cases operated upon, had 141 in men and 13 in women—11 to 1.

There is some difference, though we cannot estimate it exactly, in the relative frequency of aneurism in different countries. The French surgeons remark the more frequent opportunities for studying the disease that exist in England.

Records of the comparative frequency with which different arteries are affected are very meagre and insufficient, though several authors give tables to illustrate this point. As we have said, they are too much confined to notable cases. Lisfranc gives one of 179 cases as follows:

Popliteal,	- - - -	59	Anterior tibial,	- - - -	3
Femoral, } at groin,	- - - -	26	Gluteal,	- - - -	2
} other points,	- - - -	18	Internal iliac,	- - - -	2
Carotid,	- - - -	17	Temporal,	- - - -	2
Subclavian,	- - - -	16	Ulnar,	- - - -	1
Axillary,	- - - -	14	Internal carotid,	- - - -	1
External iliac,	- - - -	5	Peroneal,	- - - -	1
Innominate,	- - - -	4	Radial,	- - - -	1
Humeral	- - - -	3	Palmar,	- - - -	1
Common iliac,	- - - -	3			

—enumerating 18 different varieties.

Mr. Crisp\* gives a table from all the cases of aneurism recorded in the British journals from 1785 to 1847—551 in number. Its exhibit is as follows:

Thoracic aorta, - - - -	175	Innominate, - - - -	20
Pulmonary, - - - -	2	Carotid, - - - -	25
Abdom. aorta and branches, - -	59	Cerebral, - - - -	7
Common iliac, - - - -	2	Temporal, - - - -	1
External iliac, - - - -	9	Ophthalmic, - - - -	1
Gluteal, - - - -	2	Subclavian, - - - -	23
Femoral, - - - -	66	Axillary, - - - -	18
Popliteal, - - - -	137	Subscapular, - - - -	1
Posterior Tibial, - - - -	2	Brachial, - - - -	1

—eighteen arteries being affected, the same number that Lisfranc enumerates; but Mr. Crisp gives the aorta, abdominal and thoracic, as well as pulmonary, posterior tibial, cerebral, ophthalmic and subscapular, which Lisfranc does not name. In addition to the above, we find a case of aneurism of the umbilical cord. The child was born dead. On the cord was a tumor, the size of a hen's egg, about two inches from the placental end. This, upon dissection, seemed, from its construction, to be fully entitled to the name of true aneurism.†

The comparative liability of different ages we cannot better illustrate than by another table of the same author, taken from 101 cases:—

13 years, 1	25 to 30 years, 12	40 to 45 years, 20	55 to 60 years, 6
15 to 20 years, 3	30 to 35 " 24	45 to 50 " 17	60 to 70 " 3
20 to 25 " 5	35 to 40 " 15	50 to 55 " 11	70 to 80 " 3

From this it will be seen that the disease most frequently affects persons between the ages of 30 and 50, and that before the age of 20 and after that of 60 it is rare. How much this difference may be due to the habits of those particular periods of life, and how much to the actual condition of the tissues involved, we cannot positively say; but it is very evident that the muscular energy and violent activity of mid-age cannot but play an important part in the matter.

#### TREATMENT OF ANEURISM.

*History.*—The first mention of the treatment of aneurism, in the records of our profession, is made by Aetius, who quotes Rufus the Ephesian, thus taking us back to the first century. The passage in which he details the treatment is worth quoting, because it contains hints of two hæmstatic means—one of which, torsion, has generally been deemed of more recent date. "Si vas unde emanat sanguis profundum fuerit—ubi situm ejus et magnitudinem diligenter perspexeris, noverisque num quid vena sit an arteria, vas immissa volsella extendemus et moderate circumflectimus. Ac

\* A Treatise on the Structure, Diseases and Injuries of the Bloodvessels. By Edward S. Crisp, M.R.C.S. 8vo. Pp. 350. London. 1847.

† Dr. McDougall, in the London Lancet, February 10th, 1844.

ubi ne sic quidam cessaveirit, vinculo constringemus; nonnunquam et post vinculi nexum oblique vas incidere cogimur.\*

Galen, two thirds of a century later, speaks of torsion in the same manner precisely, only changing the words; from which we may presume he took the idea from Rufus or some earlier writer. At all events, it is evident it is not original with Galen, who has had with several writers the credit of it; still less can Amussat, or his contestants for the honor, Velpeau and Thierry, claim it, though to the first its revival in later times is clearly due. We find it mentioned also by Avicenna and other writers more recent, but still much anterior to the modern claimants.

Aetius also suggests that, having put two ligatures on the artery above the tumor, the latter be opened and emptied, and another ligature be applied below it. The next writer of note upon this subject is Paulus Eginetus, and in the six centuries that elapses between him and Aetius we find but a slight change in the treatment, scarce any improvement. Paulus makes a distinction between the treatment of true and false aneurism. In the first he lays bare the tumor, passes a ligature above and below it, and before tying them opens the sac freely. The ligatures are then tied, and suppuration of the sac promoted by the introduction of stimulating drugs. In the false aneurism the tumor is surrounded from the outside by a ligature, or if large, a needle armed with a double thread is carried through the sac as near the mouth as possible, the thread is then divided and each half tied separately around its corresponding half of the tumor. His object seems to have been to still retain the permeability of the artery, but to separate from it the sac.†

Avicenna‡ makes the special charge that the ligature should be put between the aneurism and the heart, and should there still be bleeding it must be from anastomosis. This was also previously hinted by Galen. The Arabian also suggests plugging the artery as a hæmostatic means.

Compression is spoken of by Guy de Chauliac, and was used afterwards by Ambrose Paré, but so unsatisfactorily that the latter advises resort to ligature. In doing this, in our opinion, Paré is the first to suggest the operation which has since been called Anel's—the operation by a single ligature between the aneurism and the heart. His words are “Partant, je conseille au jeune chirurgien qu'il se garde d'ouvrir les aneurismes, si elles ne sont fort petites et en parties non dangereuses, coupant le cuir audessus, le séparant de l'artere; puis on passera une esquille à séton, enfilée d'un fort fil par sous l'artere aux deux costés de la plaie, laissant tomber le filet de soy-mesme et ce faisant, nature engendre chair, qui sera cause de boucher l'artere.”§ Guillemeau, who was

\* Aetius, Lib. xiv., Cap. 52.

† Lib. vi., Cap. 37.

‡ Lib. iv., Sen. 4. Tract. 2, Cap. 17.

§ A. Paré, Lib. vii., ch. 34, De l'Aneurisme.

a pupil, we believe, of Parè, gives much the same advice:—"Pour la guerison, dit-il, la seule ligature du corps de l'artere y est profitable." He then gives, in detail, a case upon which he operated, using only one ligature, and adds:—"Si en quelque autre partie exterieure il se presente au chirurgien un pareil aneurisme, il peut surement decouvrir le corps de l'artere vers sa racine et partie superieure et la lier de meme façon, *sans autre ceremonie*."\* We quote the original language, in order that there may be no suspicion that we have made an error or misconceived the statement. It is very direct and positive, and is put in a manner as if he were not suggesting anything new, but what had already been known, and what he had gotten from another—not original with himself.

We should mention that these surgeons, and indeed all of their day, depended much upon dietetics and regimen to quiet the system in treating aneurism, and also upon local applications of a soothing and emollient character.

We cannot but note, too, how near they seemed to come to a clear understanding of the physiology of the circulation, as we have already noticed in rehearsing the opinions of old writers upon the nature of aneurism. It is curious, too, to see the unnecessary precautions they took to bring about a favorable result, both during and after the operation, and how much this last was complicated by some of them. Thus, we find much importance attached to fomenting the limb in red wine, to washing out the sac with spirit of wine in which *Ægyptiacum* was dissolved, to sprinkling the wound full of *Styriac balsam*, &c.

Cauterization was first tried by Severinus, but this, however, was under peculiar circumstances, which he details at length. It seemed to be used more to remove the gangrened substance of an aneurismal tumor than as a hæmostatic means, and in other cases he resorted to the ligature.†

Compression, originally suggested by Paulus Eginetus, and used, as we have mentioned, by Parè without success, was revived in the seventeenth century by Dionis, who also suggests the placing of a roll of lint between the ligature and the artery—a practice since urged by Scarpa, who got the credit for it, and whose name the method bears. Dionis also mentions piercing the artery with the thread before tying the ligature, a resort since used by Sir Astley Cooper, and, we believe, claimed by him as an original suggestion. He advises, too, putting a button of vitriol into the artery, or a plug.‡

Between this and Anel's time, at the beginning of the eighteenth century, we have, no improvement to note in the treatment of aneurism. Anel abided in a single ligature, and if he did not first suggest this by using and showing its efficacy to others, he was

\* Guillemeau, *Les Œuvres de Chirurgie*. Paris, 1612. Pp. 699.

† Marci Aurelii Severini de *Recondita abscessuum Natura*. 4to. 1643.

‡ P. Dionis. *Cours d'Operations de Chirurgie*. 8vo. Paris. 1716. A quaint book.

very instrumental in doing away with the use of two ligatures, and the barbarous plan of, in every instance, opening the sac and filling it with various drugs to promote suppuration. The full reputation of the single ligature, and the entire discarding of the two ligatures, was not wholly established until fifty years later, when Hunter and Desault, who are rival claimants for the honor, demonstrated clearly and beyond doubt the uselessness and absurdity and hurtfulness of the more complicated operation, including opening the sac, and the far greater superiority of the single and simple incision, and of letting the tumor alone to be absorbed. Strange it is that Parè's clear judgment and practical sense had not been better appreciated, and that two hundred years should have been so utterly lost.

Early in the 18th century Valsalva suggested his treatment of aneurism by general blood-letting, regimen and diet, improving upon the system of his predecessors in these particulars. We have only his plan given us through the words of another, his friend Albertini.

Refrigerants, suggested first by Bartholin\* two hundred years before, were greatly used during this century; and to this period belongs also the suggestion by Lambert† of sewing up the mouth of the artery, and of Brasdor‡ that the ligature should be put on the side of the aneurism most distant from the heart, and that compression should be used upon the artery itself, either above or below the tumor, and not upon the latter as had generally been done.

This brings us down to this century, since the beginning of which, in common with other surgical subjects, great attention has been paid to aneurisms, and the devices for the cure of the affection have multiplied in proportion.

We cannot take up these chronologically, much less enumerate in order the names of each one who has contested in this large field of originality in the methods devised. Many of them show great ingenuity, and seem at first to offer peculiar advantages. Numbers after a fair trial have been rejected; though the pages of our journals every now and then exhibit a revival of some one of them with an urgency of its claims as great as if the experiment had never failed. We may, then, for fear of a charge that we have overlooked and slighted the excellence of some of these, give a few pages to enumerating them and showing their defects. Having thus disposed of what we consider worthless, we shall have a clear stage on which to display and discuss what we consider the legitimate and available means that surgery offers us for the cure of aneurism.

[To be continued.]

\* *Anatom. Aneurysmatis dissecti hist. accedit Johannis van Horn ejusdem argum. Epist.* 12mo., 1644.

† Extract of a Letter to Dr. Hunter, giving an account of a new method of treating aneurism. *Medical Observations and Inquiries*, London, 1761, vol. ii.

‡ In a paper by Deschamps, from *Recueil period. de la Soc. de. Med. de Paris*, tom. v., 1799.

## OPERATION FOR VESICO-VAGINAL FISTULA.

PERFORMED BY BENJ. F. McCLURE, OF DUBUQUE, ASST. SURG. IOWA VOL.

[Communicated for the Boston Medical and Surgical Journal.]

THE patient, a young married lady of 20, was confined with her first child in October last. The labor was protracted in consequence of the unyielding state of the parts and the size of the head. The practitioner in attendance called in counsel, and the forceps were applied while the head was still high in the pelvis, the patient being put under chloroform. The patient stated that, soon after coming to herself, she felt very sore, and the urine dribbled away; and on placing her finger within the vagina, she found the arch of the pubis entirely denuded of covering, and the bone laid bare.

On her recovery, she was unable to retain her urine at all. She finally applied to Dr. McClure for help. On examination, he found the urethra cut completely across, about three fourths of an inch from the meatus, and the parts separated about half an inch from each other. The pubic arch had the appearance of having been abraded, as she stated.

After securing a healthy condition of the parts, which were much excoriated by the constant flow of urine, and accustoming the urethra to the catheter, he determined to perform the operation, which he did in January, assisted by Drs. Finley, Watson and myself.

The patient was placed on a table, in the usual position, ethereal chloroform being given. The speculum was introduced, and the condition of the parts above described was at once evident. The catheter being introduced, the edges of the fistula were pared off. This was found rather difficult, from the necessity of cutting at right angles to the axis of the vagina, and also from having to cut so close to the pubic arch. Having done this, the needle, armed with a fine silver wire, was pushed through the two lips, and the wire left. Upon this wire a small plate of lead had been slipped, having a slit in the opposite edge to receive the distal end of the suture as it was drawn back and twisted over the lead. Three sutures were used. The centre one was inserted without difficulty, but the other two with great difficulty, from their nearness to the arch. This was accomplished, however, and the sutures drawn up, twisted, and the ends cut off. The catheter was left in the bladder, and the patient put to bed. The suffering was very slight, and except from the distension of the external parts, was not at all complained of. She described the effects of the cutting as giving a slight *burning* sensation. Slight fever followed, which was readily relieved, and there were no untoward symptoms.

About the tenth day, if my recollection serves me aright—my notes being lost—the sutures were removed, when it was found that the adhesion of the parts was perfect for two thirds the

circumference, but that the sutures at one side had cut through, and there was still a slight fistula. The catheter was removed, and she was able, after two weeks, to retain her water for a couple of hours, and to sit up and walk about the room without any dribbling, while she could not even lie down before without it.

A second attempt was made on the fistula a few weeks later, but without success, from the opening being so close to the pubic arch. The effect of the attempt was, however, beneficial, as it caused the parts to close up so much, that, by the opening of summer, she was able to walk about the streets for several hours without trouble. Some difficulty still seemed to arise from paralysis of the sphincter, as the flow, when it occurred, was through the meatus, and not from the fistula. In July the lips of the fistula seemed to be so much thickened as to practically close it, and she went east to visit friends, hardly more incommoded than other ladies.

The speculum used was devised by Dr. McClure for the occasion, and differed somewhat from others as figured in Braithwaite's Retrospect. It operated perfectly in throwing the light down upon the fistula. It was made of zinc, coated with mercury to form a reflecting surface. Its cost was thus but a trifle. It was suggested that in performing a similar operation it would be better to have the knife made with a straight shank, about two inches long, with the cutting part bent at right angles to this, about one half an inch long, with its cutting edge convex. It could then be made to cut with less trouble. The lead should be slipped on the hither end of the wire, before the insertion, to save time, with the slit so that the distal end can be easily drawn into it.

Dyersville, Iowa, Oct., 1861.

I. H. N.

---

### Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

SEPT. 9th. *Two distinct portions of the Colon united by a Cancerous Growth, which involved both, and through which the two portions of Intestine communicated.*—Dr. ELLIS showed the specimen, which was sent by Dr. COTTING. It was taken from a man 67 years of age, who was attacked, about a year before his death, with pain in the abdomen. The symptom did not then attract much attention, and he merely took a dose of oil. In two or three days, however, he became feverish, and there was evidence of the existence of enteritis. When seen by Dr. Cotting, there was pain, tenderness, and tumefaction, which lasted a number of days, when it was thought that a firm mass could be detected in the left iliac region. The pain continued, with nausea, vomiting and emaciation, but he afterwards improved so much that he was able to attend the Legislature, of which he was a member. The mass afterwards did not appear so prominent, but there was tenderness at



that point. About ten days before his death he had a chill, and on the following day another, more severe. On the third day, he was seen by Dr. Cotting, who found him in bed, haggard, retching, and with a feeble pulse of 120. These symptoms persisted until his death.

At the examination, the arch of the colon was found parallel with the descending colon, and firmly adherent to the sigmoid flexure. The connecting substance was composed of a soft, whitish, encephaloid-looking material, which occupied upwards of two inches of each portion of the intestine, and projected into the cavity half an inch or more above the surface, which was of a brownish or dirty-white color. A free communication had been established between the adjacent portions of intestine. Examined with the microscope, the growth proved to be composed of rounded or elongated granular cells, with nuclei and nucleoli, smaller than those usually found in cancer, but relatively large, when compared with the cells.

In the liver were three small whitish growths, the largest perhaps an inch in diameter. They contained a large amount of fat, resulting from their degeneration. The heart was much softer than usual, being broken down by the fingers with much ease.

The other organs presented no appearance worthy of note.

Oct. 14th. *Puerperal Convulsions treated by Inhalation of Ether.*—Dr. AYER reported the following cases.

CASE I.—Mrs. D., aged 25 years, of slender make, nervo-bilious temperament, gave birth five years ago, out of town, by instrumental delivery, to a stillborn child. During the labor, I was informed by the physician, she had several severe convulsions, and continued five days after delivery in an unconscious state. Afterwards, she had several abortions without any unfavorable symptoms. Her health had generally been good after her first accouchement.

She passed the period of her last pregnancy with comfort, and nothing unfavorable had occurred. I was called to her August 28th, at 9 o'clock in the evening. She was expecting confinement in two weeks. The patient was in bed, and in a state of nervous excitement, and said the waters had been escaping from her during the evening. She had been exercising moderately through the day. There was no pain, and had been none. No muscular contraction of the abdomen. I made no examination, but enjoined perfect rest, and returned home. At 11 o'clock, two hours after, I was called again to her. She complained of constant pain in the right side and epigastrium. No contraction of the uterus was perceived or complained of. Sinapisms to the painful parts, and opiates, were resorted to. But the pains continued to increase, and gradually took on an intermitting character. On examination per vaginam, the os was found entirely obliterated and slightly dilated, and a slight uterine contraction was found to be synchronous with the pain of the side. The inhalation of ether was then employed, with soothing effect, and increased the force of the uterine action. The foetal presentation was natural—occiput to pubis—and the labor was proceeding favorably and rapidly. As the head began to press upon the brim of the pelvis, a violent convulsion seized the patient—the mouth turned aside, the features were distorted, and the entire body was violently agitated. Ether was administered during the fit. The pains continued to increase, and the labor progressed rapidly. The patient was watched closely, and at the slightest appearance of spasmodic action the ether was applied. By this precaution,

convulsions, apparently, were repeatedly prevented. The patient continued unconscious after the first convulsion. Two and a half hours after the first fit, delivery of a living child was effected. There were four severe convulsions before the birth of the child, and one between the birth and delivery of the placenta. Every convulsion was coincident with a pain.

After delivery, the mother continued comatose. There was no ster-tor. During the first twenty-four hours after delivery she had repeated convulsions. The next day the shocks were less frequent and less severe. On the third day, there were only two convulsions. Neither nourishment nor drinks could be taken. The pulse was moderate, but became more and more feeble. The temperature of the body grew less, and the patient died, sixty hours after delivery. The urine was not examined.

CASE II.—Mrs. L., of full habit, nervo-bilious temperament, had been delivered, two years before, of a large, stillborn infant. Its death was ascribed to fright caused by a large fire in the neighborhood. I was called to her on the evening of Sept. 17th, in her second labor. The period of pregnancy had passed favorably. The os uteri was dilating moderately, and the contractile efforts were regular and efficient. About midnight, the liquor amnii was discharged in great quantity; the presentation of foetal head was natural—occiput to the pubis. At 1 o'clock in the morning, the head began to press firmly on the superior brim of the pelvis. I was suddenly called to the bedside. The patient said, "I feel strange—as though something was about to happen to me." Almost instantly she was seized with a violent convulsion, and became unconscious. The pains subsided. As it was late at night, and no remedy at hand, I despatched a messenger for ether, and gave the patient salt and water, accompanied by friction to the extremities. There were four or five convulsions before the ether arrived. She was soon put under its influence, and the spasmodic action was immediately allayed. The pains were wanting, and my instruments were procured. The head was reached by the long forceps, and delivery safely and rapidly effected. The child weighed ten pounds, and lived. There were no convulsions after ether was used. Mother and child did well. In the intervals of convulsions, consciousness returned. The urine was not examined.

Oct. 14th. *Disease of the Heart and Kidneys.*—Dr. COALE reported the case, and showed the specimens.

The patient, Mrs. G., aged 66, had enjoyed fair health. Had typhoid fever in 1836, and a severe cold in February, 1861. Had had six or seven children. Active in her habits and cheerful in her disposition. Dr. C. was sent for to see her on the 20th of June. She was suffering from a short, dry, very sonorous and troublesome cough. The pulse was natural, and a simple prescription was ordered, which seemed to cure the cough. Dr. C.'s attention was then called to her husband, whom he found very seriously affected with albuminuria and its accompaniments; this required his constant attendance at short intervals, and gave him an opportunity of following Mrs. G.'s symptoms that otherwise he might not have had. In general she was active, nursing her husband, and looking after her household affairs, for the month after he first saw her. She then had another attack of cough, and a thorough examination of her chest was made. No pulmonary signs were detected, but there seemed to be a very slight,

almost imperceptible, burr or roughness at the first sound of the heart. The second sound was normal. Two weeks afterwards, palpitation and dyspnœa had become troublesome, and the legs were much swollen. The roughness of the first sound had now become very decided, but no other abnormal sound, from either heart or lungs, was detected. The stomach and bowels seemed to do their duty, though the latter were a little sluggish, and the appetite was not as good as it had been. The urine was examined, and both nitric acid and heat threw down a good deal of albumen. Tincture of squills was given as a diuretic, and acted admirably, increasing greatly the secretion of urine, which had been decidedly scant, and lessening in a marked manner the œdema of the legs. The fluid extract of *veratrum viride* was given, in doses of eight drops, and always, when administered in time, controlled the action of the heart, reducing it from 100 beats in the minute to 72, and consequently lessened the dyspnœa. From this time no material change took place in the character of the symptoms, but decidedly one in the intensity, which became much increased. The first sound of the heart became sonorous, making a diminutive squeak, as it were of a very small pig. With the second sound, during the last week of her life, there was the suspicion of a roughness, but not always. The attacks of dyspnœa became more frequent and violent, and were sometimes accompanied by the sensation of a desire to vomit—not of nausea, but as if vomiting would relieve the oppression; and of late some mucus would be ejected at these spells. Death occurred Oct. 13th, during one of these paroxysms. During life, both Dr. Shattuck and Dr. James Jackson had seen her in consultation, the former early in the disease, the latter two days before her death.

On examination after death, the heart was found greatly enlarged, but otherwise healthy, except that the aortic valves were roughened very much, and almost stiffened by osseous deposit, which also extended up the aorta. The right kidney seemed very slightly granular, but not enough so to suggest by itself the existence of albuminuria. The left was more natural. The other organs were healthy.

---

### **Army Medical Intelligence.**

---

MEDICAL STATISTICS AT FORTRESS MONROE, VA. *Messrs. Editors,*—The medical reports of this department, for the month of September, 1861, show a decrease in the number of cases of disease in general, but an increase in fevers of malarial origin. These are not, however, of malignant typhus, but amenable to treatment, though the convalescence of some of the cases is rather protracted. The general health of the troops is excellent. The regular and efficient inspections of all the camps and hospitals by the Medical Director, and the suggestions and requirements he has made, have gone far towards the accomplishment of the present desirable state of affairs. It is recommended that all regiments coming to the war should bring flooring for their tents with them. This precaution of flooring is very conducive to the health of the troops, and lumber, &c., cannot always be readily obtained at the seat of war, so that delays occur, by which the troops are sometimes without this comfort for some time after going into camp.

The condensed report for September (two regiments and two companies at Hatteras Inlet were too late in sending in their reports, and are not included\*) shows the following data:—

Strength of command, officers and enlisted men (\* see above) 6,532; remaining sick and convalescent on last report, 430; taken sick during the month of September, 1861, 2,045; sent to the U. S. General Hospital, Fortress Monroe, 27; on furlough, 6; deserted, 1; discharged on surgeon's certificate, 8; died, 7; remaining sick, 162; remaining convalescent, 258.

Total remaining on report, 420; returned to duty, 2,006.

The deaths were:—Private Edw. J. Collier, Mass. Bat., meningitis; corporal Wm. H. Annabel, Union Coast Guard, fever, remittent; prv. Charles Hablitz, 1st N. Y. Vols., traumatic tetanus; prv. Martin S. Tinkham, Mass. battalion, fever, typhoid; prv. Julius Cohnheim, 20th N. Y. Vols., fever, typhoid; prv. Andrew J. Sproul, 16th Mass. Vols., gun-shot wound (vulnus sclopetecum); prv. Wm. McDonald, Union Coast Guard, drowned. Total, 7.

*Classes of Disease.*—Fever, 434; diseases of organs connected with the digestive system, 709; of the respiratory system, 210; of the brain and nervous system, 123; of the urinary and genital organs, and venereal affections, 35; of fibrous and muscular structures, 135; abscesses and ulcers, 103; wounds and injuries, 114; diseases of the eye, 19.

*Leading Diseases.*—Diarrhœa, 384; constipation, 114; rheumatism, acute and chronic, 119. Fevers—congestive, 44; common continued, 11; intermittent quotidian, 120; intermittent tertian, 9; remittent, 195; typhoides, 5; other diseases of the class of fevers, 50. Dyspepsia, 29. Colica, 41. Cholera morbus, 10. Gastritis, 4. Tonsillitis, 17. Bronchitis, 84. Phthisis pulmonalis, 8. Pneumonia, 1. Pleurisy, 4. Catarrhus, 94. Cephalalgia, 98. Ictus solio, 1. Syphilis, primitive, 3; syphilis, consecutive, 9. Orchitis, 11. Gonorrhœa, 8. Abscessus, 15. Phlegmon, 46. Incised, contused and lacerated wounds, 36; gun-shot wounds, 9; contusio, 32. Debilitus, 18. Ophthalmia, 17; other diseases of the eye, 2.

On the 7th of October, there arrived here a number of released wounded prisoners of our army from Richmond; twenty-eight were pronounced too feeble or otherwise unfitted to proceed. They were at once placed in the General Hospital here, and their wounds and general condition are fast improving. They declare that, in view of the large amount of duties of the confederate surgeons, who had so many of their own sick to care for, and in view of their scanty surgical supplies and appliances, they consider that that they were kindly treated, and as efficiently cared for as the circumstances permitted. The treatment of the well and hearty prisoners they say was often brutal, but that of the sick and wounded rarely if ever so.

The amputations, as shown by the stumps, were skilfully performed. Their general condition on arriving here was cachectic, as also many of their wounds unhealthy. The salubrious climate of old Point Comfort, with the superior nursing, food, attendance, &c., is effecting for them fast progress to health.

CHARLES B. WHITE,

Fortress Monroe, Va., Oct. 18, 1861.

Assis't Surg. U. S. Army.

WE are permitted to make the following extract from a letter from the Surgeon of the 14th Regiment, dated Fort Albany, Oct. 19th.

*To the Surgeon General.*

FORT ALBANY, VA., OCT. 19th, 1861.

SIR,—Since writing to you last, our Regiment has been moving on in the even tenor of its way, with very little to break the quiet of camp life. Intermittent has been almost our only disease, and that has continued very light. Lately we have had a larger proportion of decided ague, and of these cases the greater part were of the tertian variety; but the “shaking ague,” to use the boys’ term, proves less disagreeable to bear, and more tractable to treat, than the “dumb ague,” or irregular fever without any distinct chill. Lately, too, we find more tendency to bilious derangement, and often a blue pill or two prepares the way very finely for the quinine. The aggregate of our cases, of all grades of severity, is quite large—some hundreds—but the larger part of them might be more appropriately classed perhaps as “cases showing symptoms of intermittent,” while we have had four or five only manifesting typhoid symptoms. I think much benefit has resulted from an early attention to the cases, and also from continuing the quinine for some time after the attack, and in cases where the recovery has been not quite perfect, to the present time.

We have not felt authorized in using quinine to any great extent as a prophylactic, but in addition to the morning prescribing at surgeons’ call, I have usually visited the tents daily and inquired out those feeling the preliminary headache, backache or lassitude, and had them take quinine. The men soon come to understand this, and now a few minutes of headache brings them for their “bitters.” In this way many cases, I think, have been wholly prevented, or very much lightened, as I am quite sure I can say from experience as well as observation. To-day we have nineteen in the hospital, most of them being from the companies at the forts on the low land, while three of the seven companies here on the high ground have none.

---

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

---

BOSTON: THURSDAY, OCTOBER 31, 1861.

THE importance of the freest publication of medical cases can be hardly over-estimated. And yet, judging from the general reticence of the profession, one would suppose it to be almost the last thing in their estimation. When, in conversation with a brother physician the other day, we appealed to him for a communication to enlighten our pages, he shook his head in negative response, and we replied “give us some cases”—“Oh, I have got cases enough,” was his answer, with something like contempt in his manner, as if cases were hardly worth notice. Now these are just what we want—well-observed, well-digested, well-treated (if possible), well-reported cases—at any rate, cases. They give a life to a weekly journal like ours, which nothing else can give. Our friend, just alluded to, has been a frequent contributor of just such cases as we like, and we hereby acknowledge our indebtedness. But taking the profession all through, we hope we

may be allowed to say, our brethren are altogether too indifferent about hiding their light under a bushel. They suffer the results, and, in the aggregate, the *vast* results of their daily experience, to benefit merely those who are the subjects of their individual treatment, when they might become the means of great good to thousands. Such reports of cases are a great help to the reporter as well as the reader. They are "twice blessed"; they bless "him that gives and him that takes." Nothing can be better for the training of a mind in medical observation and judgment, than the method required for a careful and thorough report of a well-observed case. The habit that it leads to would be of inestimable advantage to every man who values the culture of his own mind; and who can say how much it may accomplish in doing away with the mass of crude error and ignorance which still encumbers the golden truth of medical science? Then, too, we want discussion on these cases. How often have we heard criticisms on such reports, which have never reached other ears but those of the listener, which, if published, would have given a greatly added value to the original report. Gentlemen are altogether too tender of their professional brethren. There is a great reluctance to criticize each other in print. But when such a discussion is conducted in a fair and gentlemanly manner, no one ought to object to it, and it must be productive of good. The subject presents many tempting aspects which we have not now time nor space to consider. We feel that the profession do not do justice to themselves in occupying so generally as they do the attitudes of readers and not contributors to medical journals. Gentlemen, give us your cases.

Since the above was written, we have received the following communication, which comes within the scope of our remarks:—

MESSRS. EDITORS,—In your prefatory note to my communication of the 23d ult. you remark, in reply to my inquiry, that "Dr. Cotting's apparatus works well and comfortably for the patient as it stands."

Now, permit me to say, that by a man who looked no deeper than the surface, this might be quietly received as conclusive; but when you and I come to look below and see the sartorius and gracilis muscles strained as tight as they can be, while the rectus, biceps semitendinosus and semimembranosus are in a thorough state of relaxation; and when we come to consider that the entire force of the extending and counter-extending appliance is to be exerted upon these two muscles alone, during all treatment in this position, we shall most assuredly hesitate about accepting the dogma.

In Dr. Cotting's note, to which you refer me, he remarks, after referring to Hartshorne's and Flagg's arrangements of the long splints, "better than either is that which dispenses altogether with the inner long splint, so apt to excoriate the perineum under the best care." A more absolutely true remark was probably never made; and I will add, that equally better still, is that which dispenses with the outer long splint also, with the perineal belt, and the ankle gear.

Dr. Cotting, in the aforesaid note, remarks:—"that notwithstanding Mr. Pott's very ingenious and often-quoted arguments in favor of the bent position, I give decided preference to the straight," &c.

Now, the fault in Mr. Pott's case did not lie in his arguments, but in his practice. Although his theory, based upon physiological facts, was eminently correct, practically he was altogether at fault, because he devised no apparatus with which a broken thigh-bone could be thoroughly treated upon the true principle.

The early history of this subject shows that the straight position was first adopted, and the apparatus with which the treatment was applied was of the most simple and efficient kind. The patient was laid upon his back, on a good bed, and a sharpened stick, about two inches in diameter, was driven through the bed, between his thighs close to his body, and into the floor; and then a suitable gear



was adjusted about the ankle, to which a strong cord was fastened, and at the end of this cord a weight was suspended, drawing over the foot of the bedstead, heavy enough to draw and hold the fragments in their proper place.

The whole dispensation of long splints, from beginning to end, amounts to nothing more nor less than modifications of the means of carrying out this plan of treatment. There may be men bold enough to say that the long splints constitute improvements in the means of treatment upon this plan.

But Mr. Pott discovered the *fact* that the plan itself was radically defective, and that such being the case, it was utterly impossible to apply any *satisfactory* treatment to it. But he was answered that the treatment worked well in practice, and the patients were made comfortable. He did not accept this—he saw the error, and he engaged with it. He insisted, that inasmuch as the muscular arrangement secured the thigh against the possibility of being flexed backward upon the spine, and limited its movements in the opposite direction only by contact with the abdomen, there could be no possible sense in placing the fractured limb, for treatment, at one of the extreme limits of its mobility. Then he adopted the imprudent extreme of treating his cases without any retentive appliance whatever, which was undoubtedly the result of his want of mechanical ingenuity. Yet, notwithstanding this monstrous defect, a respectable share of the surgical world were certainly disposed to look with favor upon both his theory and his practice.

It is true, that we have no intimation in Mr. Pott's writings, that he ever ascertained the exact angle upon the axis of the spine at which the thigh should be placed for treatment; but he did a great work when he broke in upon that time-besotted error, the straight position.

If Mr. Pott had clearly comprehended the whole truth in his theory, and had devised some efficient means of conducting treatment upon it, the present tendency to a sad relapse, in the profession, would probably never have set in. It seems strange that he could not have seen, that the femur, in treating for fracture, should be placed at right angles with a line drawn from the anterior superior spinous process of the ilium to the tuberosity of the ischium. But there is no evidence that he ever saw it.

And it appears to have been as difficult for his followers to think of anything but the double inclined plane, as a means of treatment, as it has for the followers of Arnaud to think of anything but the long splint.

Now, you perceive at a glance, that if a patient with a broken thigh were placed in a horizontal position upon his back, and a double inclined plane, so constructed as to elevate the thigh to the angle above indicated, were placed under it, it would constitute a relation of things upon which it would be very difficult pursuing the treatment for any length of time; and hence the utter impossibility of constructing the ordinary double inclined plane in such a way as to make it fit to be used in such cases. Yet Dr. Mott, of New York, writes to Prof. Hamilton, that, if *his* thigh were broken, he would have it treated upon the double inclined plane. So you see that Dr. Mott, "after the abundance which he has seen," would, for *himself*, prefer this most shiftless arrangement to any other or all of the modifications of the long splint. And why? Simply because there is a charm in being somewhere in the neighborhood of the truth.

If I were to have my unrestrained choice of the means of treating fracture of the thigh, I would have a fracture bed, so constructed that the plane upon which the thighs rest, should be flexed upon the body plane by the turning of a crank at the head of the bed; to be retained at the proper angle by means unconnected with the planes underlying the legs. The thigh planes should be so constructed that their length may be increased or diminished to fit the various patients, with a suitable aperture through the middle to accommodate the evacuations. The leg pieces being attached to the thigh plane by hinges, would be free at the lower ends, so that they might be placed in a horizontal, or any other position without changing the position of the thigh plane. The whole should be so poised upon an axle near the middle of the thighs, that, when bent up, it might be set right up like a chair, which would be the natural position for the evacuations. This should be supplied with an excellent hair mattress, being suitably fastened, when it would be complete.

In working this bed, the turning of the crank in one direction lets the hips



drop down while the knees are raised until the proper angle is attained at the hips, when, by increasing the length of the thigh plane, while the leg is placed nearly level, all the benefit that can ever be derived from extension and counter-extension will have been secured without any of the disagreeable fixtures and fastenings inseparable from the straight position and the necessities involved in it.

Having by the above means "set the bone," I would secure it in the many-tailed bandage and concave splints, and fasten it to the bed, &c. &c.

Now, if I only claimed that the result of this mode of treatment was *equal* to that in the straight position, the arguments and advantages would be all on my side; but I claim more.

E. DANIELS, M.D.

Owego, N. Y., Oct. 14, 1861.

THE annual course of lectures before the Harvard Medical School will begin on Wednesday, Nov. 6th, at 12 o'clock. The introductory lecture will be delivered by Prof. Holmes. All gentlemen interested in medical science are cordially invited to be present.

WE would remind the members of the Massachusetts Medical Benevolent Society that their Annual Meeting will be held at the rooms of the Massachusetts Medical Society, in Temple Place, on Thursday, the 31st inst., at 4, P.M.

PHILADELPHIA MEDICAL SCHOOLS.—The Introductory at the opening of the winter session of medical lectures at the University of Pennsylvania, was delivered by Professor William Pepper, on Monday, the 14th inst. It treated of the progress of medical science and the means of attaining it. On the evening of the same day Professor Franklin Bache gave the introductory lecture, which was of a practical nature, at Jefferson Medical College. On Tuesday evening, 15th, the introductory before the Philadelphia School of Anatomy and Operative Surgery was delivered by Professor Agnew. It was devoted to a biographical sketch of Baron Larrey, surgeon to Napoleon's army.

NEW YORK MEDICAL COLLEGES.—The Bellevue Hospital Medical College, an announcement of the first course of lectures of which has been published in our advertising sheet, was inaugurated with appropriate ceremonies on the 18th inst. The *Medical Times* contains full reports of the proceedings, comprising the introductory address by Professor B. W. Macready of the chair of Materia Medica and Therapeutics, the address of Professor Taylor, President of the Faculty, and the speeches of Hon. Simeon Draper, Archbishop Hughes, Rev. E. H. Chapin, and James T. Brady, Esq.—The winter sessions in the other Medical Colleges in New York were opened, with appropriate introductory addresses, on the 21st.

THE Board of Medical Examiners for the State of Pennsylvania convened at Harrisburg, Oct. 6th, for the examination of candidates for the posts of surgeons and assistant surgeons. The board consists of Drs. W. Worthington, T. Green, and W. Corson.—President, Surg. General H. H. Smith. One hundred and sixty-five candidates were present.

WE learn from the Boston *Transcript* that Surgeon J. H. Baxter, of the 12th Regiment Mass. Volunteers (Col. Webster), has received the appointment of Acting Brigade Surgeon, 1st Brigade (Gen. Abercrombie, Banks's Division). Dr. Baxter is a son of the Hon. Portus Baxter, M. C. from Vermont, and is said to be a most accomplished young surgeon.

IN a communication in the *American Medical Times*, the writer, giving his experience in the Army of Western Virginia, says:—

"First, wounds from small rifle bullets—such as deer and squirrel hunters use throughout our country—or buck shot, are seldom dangerous, unless they happen in a vital organ. They rarely break a large bone, or injure the muscular tissues to any considerable extent. They work their way between tissues rather than pierce them, in consequence of being easily deflected from their course. Occasionally, however, they produce bad wounds of arteries, by only partly dividing them, thus leaving them in the most favorable condition for severe hemorrhage;

but these small missiles produce little shock. Second, wounds from the Enfield rifle, and the rifled musket, are *always serious*, although they may *appear* but slight. These bullets produce a hideous destruction of tissue, tear bones and everything else to pieces; produce severe shock, extensive sloughing, with great danger of secondary hemorrhage. A wound of this kind resembles a cog-wheel wound, or that from some other crushing machinery, more than any thing else, yet this does not describe it. The part is livid, the openings of both entrance and exit are ragged, the latter generally presenting everted edges, with masses and shreds of various tissues protruding from it. Hemorrhage is sometimes very free, at others scarcely any, although the same vessel may be wounded in both cases.

"I have never seen a recovery from one of these Enfield rifle wounds involving a large bone, where amputation was not performed early; that is, was not a primary amputation. The bone is uniformly comminuted, and the fragments are very sharp, so that the patient will die almost to a certainty from irritation, and the discharge, if he do not from gangrene, which is not uncommon, even if the large vessels escape injury.

"Third, the wounds produced by shells resemble those made by splinters, as in railroad accidents, more than any thing I think of. There is usually not much contusion, but frequently much laceration. Sometimes an angular fragment will make a clean cut, followed by free and dangerous hemorrhage. The fragments, if the shell has exploded at some distance, frequently make long lacerated wounds, and penetrate and lodge in the tissues, and are difficult to extract. These wounds are dangerous, but not so bad as those made with any of the large rifle bullets, unless the fragments happen to be very large."

**LONGEVITY IN FRANCE.**—The average number of persons who die annually in France, at the age of 100 and upwards, is 148. This longevity is mostly attained in the mountainous departments, but the department of the Seine furnishes a fair share. There does not appear to be any distinct relation between the number of cases of great longevity, and the average duration of life in the several departments.—*British American Journal, from the Medical News.*

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, OCTOBER 26th, 1861.

##### DEATHS.

	Males.	Females	Total.
Deaths during the week, . . . . .	30	29	59
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	33.0	34.1	67.1
Average corrected to increased population, . . . . .	..	..	74.75
Deaths of persons above 90, . . . . .	..	..	..

##### Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Variola.	Dysentery.	Typ. Fev.	Diphtheria.
13	7	0	1	2	0	1	1	0

##### METEOROLOGY.

From Observations taken at the Observatory of Harvard College.

Mean height of Barometer, . . . . .	30.176	Highest point of Thermometer, . . . . .	63.0
Highest point of Barometer, . . . . .	30.718	Lowest point of Thermometer, . . . . .	27.0
Lowest point of Barometer, . . . . .	29.640	General direction of Wind, . . . . .	W.N.W.
Mean Temperature, . . . . .	48.4	Am't of Rain (in inches) . . . . .	0.171

**PAMPHLETS RECEIVED.**—Reporter of the new Patent Artificial Leg. Published by D. De Forrest Douglass, Inventor and Manufacturer, Springfield, Mass. Second Edition.

**DIED.**—At West Amesbury, Dr. Benjamin Atkinson, 55.

**DEATHS IN BOSTON** for the week ending Saturday noon, October 26th, 59. Males, 30—Females, 29.—Accident, 1—bronchitis, 2—cholera infantum, 7—consumption, 13—convulsions, 2—cyanosis, 1—diarrhea, 1—dropsy of the brain, 2—drowned, 1—dysentery, 1—entero-colitis, 1—scarlet fever, 1—typhoid fever, 1—disease of the heart, 1—infantile disease, 1—intemperance, 1—disease of the liver, 1—congestion of the lungs, 2—inflammation of the lungs, 2—marasmus, 1—old age, 2—paralysis, 1—puerperal disease, 2—scalded, 1—disease of the stomach, 1—syphilis, 2—teething, 1—unknown, 4—whooping cough, 2.  
Under 5 years of age, 30—between 5 and 20 years, 3—between 20 and 40 years, 13—between 40 and 60 years, 6—above 60 years, 6. Born in the United States, 44—Ireland, 11—other places, 4.